

**Legislative – Stroke Task Force  
Meeting Minutes**

**July 28, 2015 10:00AM**

Meeting Location:

Conference Room 2H - Connecticut Department of Public Health  
410 Capitol Avenue, 2<sup>rd</sup> Floor

**Task Force Committee Members Present:**

Raphael Barishansky, Pamela Provisor, John Quinlavin, Charles Wira, Amre Nouh

**Task Force Committee Members Calling In:**

None

**Guests in Attendance:**

Dan Giungi , Judi Reynolds

**1.0 Call to Order**

Raphael Barishansky called the meeting to order at 10:20AM.

**1.1 Introduction of Task Force Members**

The task force members introduced themselves and their affiliations.

**1.2 Acknowledgement of Call in Members**

There were no call ins.

**1.3 Introductions of Audience Members**

Dan Giungi, Director of Government Relations, American Heart Association introduced himself.

**1.4 Appointment of Chair**

Raphael Barishansky read into the minutes a letter from Dr. Mullen appointing Charles R. Wira, M.D., as Chair of the Stroke Task Force effective immediately and expiring January 15, 2016. A copy will be retained in the minutes of this meeting.

**2.0 Approval of July 15, 2015 minutes**

Pam Provisor requested the minutes be amended to include reference she made during the July 15, 2015 meeting to a recently published study on stroke, an American Heart Journal, entitled "Stroke Legislation Impacts Distribution of Certified Stroke Centers in the United States". A motion was made by John Quinlavin/Charles Wira to approve the minutes of July 15, 2015 with the requested amendment, approved unanimously.

Dr. Wira asked that the minutes reflect the following documents were entered into the document repository;

- Stroke Journal – Joint Commission Primary Stroke Centers Utilize More rt-PA in the Nationwide Inpatient Sample, Mullen et al, Stroke, 2013.
- JAHA – Comparison of Performance Achievement Award Recognition With Primary Stroke Center Certification for Acute Ischemic Stroke Care, Fonarow et al, JAHA, 2013.
- Senate Bill No. 438 – Public Act No. 14-214

**3.0 Public Comment**

There was none.

**4.0 Old Business**

Raphael Barishansky spoke about utilizing the "Connecticut Comprehensive Plan for Stroke Prevention and Care 2009-2013" published by the Connecticut Department of Public Health, as a foundation. He has reviewed the document and feels the elements on pages 27, 28 and 29, that speak specifically to the EMS System are current issues. He spoke about the utilization of several prehospital stroke assessment tools and the lack of a prehospital stroke alert protocol for hospital notification. Discussion followed on prehospital notification being inconsistent throughout the state. John Quinlavin spoke about the efforts at St. Francis Hospital to promote notification by EMS of suspected stroke patients, noting they have taken lessons learned with the STEMI program and applied them to reduce time to treatment. Dr. Wira spoke about the efforts at Yale with prehospital activation and the improvement in door to treatment time.

Discussion followed on the four tasks outlined for the Task Force in Senate Bill No. 438.

Raphael Barishansky referred to task number “(1), he questioned whether this referred to EMS solely or if it included hospital clinical care. Discussion followed on the screening tools used in hospitals and whether the task force should develop two recommendations one for prehospital and one for in hospital. Drs Wira and Nouh stated that Joint Commission Primary Stroke Centers are required to document an NIH Stroke Scale. Pam Provisor discussed a modified NIH Stroke Scale used by nurses at hospitals.

Raphael Barishansky, John Quinlavin and Pam Provisor will review task number “(2) Establishment of care protocols for emergency medical service organizations relating to the assessment, treatment and transport of persons with stroke”.

Discussion followed on task number “(3) Establishment of a plan to achieve continuous quality improvement in the care provided to persons with stroke and the system to stroke response”. Raphael Barishansky questioned whether quality improvement was referenced in the 2009-2013 document. Dr. Wira shared vision of a state registry and offered to reach out to several states to gather information on their registries and other resources. Dr. Nouh agreed that tracking outcomes is important.

Dr. Wira reviewed the Paul Coverdell CDC grant program awarded to states for primary prevention and stroke care systems. The purpose was to assist states in initiating educational campaigns, prehospital initiatives, acute care initiatives and developing a platform for data registries. He suggested obtaining more information for the next meeting.

Pam Provisor commented hospitals that are Joint Commission certified are mandated to download information to them and that information is available. Discussion on certified hospitals and the processes to obtain certification followed.

Dr. Nouh referred back to task number “(1) The feasibility of adopting a nationally recognized stroke assessment tool”, he questioned if there is a way to gather preliminary data by surveying the EMS sectors on what tools are being utilized. John Quinlavin commented there is an opportunity to gather data through the Connecticut Emergency Medical Services Medical Advisory Committee (CEMSMAC), he will have a discussion with Dr. Kamin on moving forward. Raphael Barishansky briefly explained the membership and mission of the CEMSMAC. Raphael Barishansky will remind Dr. Kamin to forward the primer on EMS to the group as discussed at the last meeting.

Dr. Wira questioned in regards to task number (1) and (2), does the group want to recommend a specific prehospital scale or enable the five regions to utilize the scale they are most trained in and track outcomes. Discussion followed on tiered systems for stroke and establishing wording that allows for future changes in protocols. Discussion followed on in hospital assessment and the use of telemedicine.

Dr. Wira spoke about the Stroke Task Force report also having another section suggesting future initiatives to improve stroke care within the state, such as the rehabilitation phase of care. He also discussed the potential continuation of work initiated by the Stroke Task Force past the January 15, 2016 expiration date. He would like to see continuation of efforts with the addition of people having specialized expertise across the entire spectrum of care participating. Discussion on clinical trials, moving in the direction of more timely treatments and the use of telemedicine followed.

Dr. Nouh will send the AHA article, “Time is Brain” to the group for inclusion in the document repository.

In review Raphael Barishansky noted he is working on a Mission and Vision Statement which he will forward to Dr. Wira. He will contact Dr. Dalal on task number (4) to request a review of his findings at the next meeting. Certification of stroke ready hospitals by DPH, the past program for designation of stroke centers, funding and sustainability were discussed.

Dr. Wira questioned the group's interpretation of task number 4 as it refers to costs, is that pertaining to hospital level costs, DPH costs or both. Raphael Barishansky feels it refers to DPH costs. The past program ended when CDC funding was redirected. Raphael Barishansky will reach out to Dr. Dalal and copy Dr. Wira requesting information on necessary costs to establish and maintain a program.

John Quinlavin questioned what format would be used for a document repository. Raphael Barishansky has been working with IT on possibly using Drop Box without success, he is researching other alternatives. Judi is storing all documents in a separate folder and can forward as requested.

Dr. Wira spoke about the format of the final document. He will send out a copy of the Rhode Island Task Force recommendation statement for reference. He questioned adding an appendix of a drafted bill. Raphael Barishansky suggested having DPH legal review the final document for regulatory compliance. Dr. Wira spoke about a past experience of SB 438 with legislation being substantially changed from the original intent when it underwent review.

Dr. Wira would like to have a conversation that as part of the future vision for stroke care in Connecticut a fifth task be added by the group, some form of task force continuing work on recommendations including but not limited to looking at the entire spectrum of care including the rehabilitation phase, telemedicine, a registry including data and outcomes and how that task force would interact with entities throughout the state.

Raphael Barishansky questioned what the group would like for a meeting schedule. Dr. Wira wants to maintain momentum and feels every two weeks is optimal, perhaps the first and third Tuesday of each month as suggested prior. Dr. Nouh questioned establishing time lines for each task, discussion followed with the group in consensus.

Dr. Wira asked about forming subgroups to work on individual task areas. He would like to have each member of the task force committed to at least one subgroup. Raphael Barishansky will look into the FOI requirements for sub group meetings and open meeting laws. Discussion followed on member's expertise for each area.

## **5.0 New Business**

Dr. Nouh asked if there would be additional members added to the task force, Raphael Barishansky noted all appointments have been made but the meeting is open for visitors to attend. Dr. Wira commented on people not appointed to the task force having valuable expertise to contribute.

## **6.0 Adjournment**

A motion to adjourn was made at 11:38AM by Pam Provisor, seconded by Amre Nouh and approved unanimously.

Respectfully Submitted:

Judith A. Reynolds